Form No. DMB 234 (Rev. 1/96) AUTHORITY: Act 431 of 1984 COMPLETION: Required PENALTY: Contract will not be executed unless form is filed

STATE OF MICHIGAN DEPARTMENT OF MANAGEMENT AND BUDGET PURCHASING OPERATIONS P.O. BOX 30026, LANSING, MI 48909 OR

December 15, 2009

530 W. ALLEGAN, LANSING, MI 48933

CHANGE NOTICE NO. 7 TO CONTRACT NO. 071B6200168 between THE STATE OF MICHIGAN

and

an	iu	
NAME A APPRECO OF CONTRACTOR / VENDOR		VENDOR TELEPHONE
NAME & ADDRESS OF CONTRACTOR / VENDOR		(301) 634-4600
CLIENT NETWORK SERVICES, INC. (CNSI)		
702 King Farm Boulevard, 2 nd Floor		VENDOR NUMBER/MAIL CODE
Rockville, MD 20850		
NOCKYING, IND 20000		BUYER/CA Joann Klasko
Consilir about	orion@one inc com	Tel: (517) 241-7233
Effall. Charleffee (Gord Tile. Com.)		
Contract Compliance Inspector: Jay Slaughter		
Medicaid Services Administration		
		To: 09/30/2011
CONTRACT PERIOD: From: 03/14/2006	·	<u></u>
TERMS: Enclosed	SHIPMENT	
ETAMO, ETIOIOGO		N/A
1000	SHIPPED FROM	
F.O.B.	Of III 7 ED T ROM	N/A
N/A	<u> </u>	14/7
MINIMUM DELIVERY REQUIREMENTS: N/A		
MICCELL ANECDIS INCODMATION:		
MISCELLANEOUS INFORMATION:		

NATURE OF CHANGE(S):

Effective immediately, this contract is hereby INCREASED by \$19,738,013.00. In addition, the scope of vendor delivery requirements for Transition Phase of CHAMPS is changed per document attached to Change Notice No. 6. All other terms and conditions remain the same.

AUTHORITY/REASON:

Per agency, DIT, DMB and vendor concurrence and per the approval of the 12/15/09 State Ad Board.

INCREASE: \$19,738,013.00

TOTAL REVISED ESTIMATED CONTRACT VALUE: \$111,356,765.00